

Alcohol and Pregnancy Don't Mix:
Binge Drinking Among Women Ages 18-44 on the Rise

National Organization on Fetal Alcohol Syndrome

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Increases in Binge Drinking among Women Ages 18-44 in the United States, 1999-2002 and the Public Health Implications for Fetal Alcohol Spectrum Disorders

Summary: Binge Drinking among Women of Childbearing Age on the Rise

Binge drinking among women of childbearing age (18-44 years old) is on the rise, according to the latest data from the Centers for Disease Control (CDC). Data from the Behavioral Risk Factor Surveillance System Survey (BRFSS) showed that from 1999 to 2002, binge drinking by women in the 18-44 age group increased nationally by 13%. The five states with the largest increase were Arizona (137%); Illinois (77%); the District of Columbia (62%); Connecticut (48%); and Maine (44%).

Binge drinking during pregnancy—defined as more than five drinks on the same occasion— may increase the risk of Fetal Alcohol Spectrum Disorders (FASD). According to the CDC, 12.5% of pregnant women reported some alcohol use in 2001. In the 2002 National Survey on Drug Use and Health (NSDUH), sponsored by SAMHSA, 9% of pregnant women reported drinking any alcohol in the past month and 3% reported binge drinking.

Frequent and/or binge drinking is an increasingly common pattern of alcohol abuse that is associated with adverse health effects for both women and their children. Binge drinkers are at increased risk for unintended pregnancy and are more likely to drink while pregnant. Prenatal alcohol exposure is the leading preventable cause of birth defects and developmental disabilities. Each year in the United States approximately 1 out every 100 live births are affected by alcohol use during pregnancy. There is no known safe amount of alcohol for consumption during pregnancy.

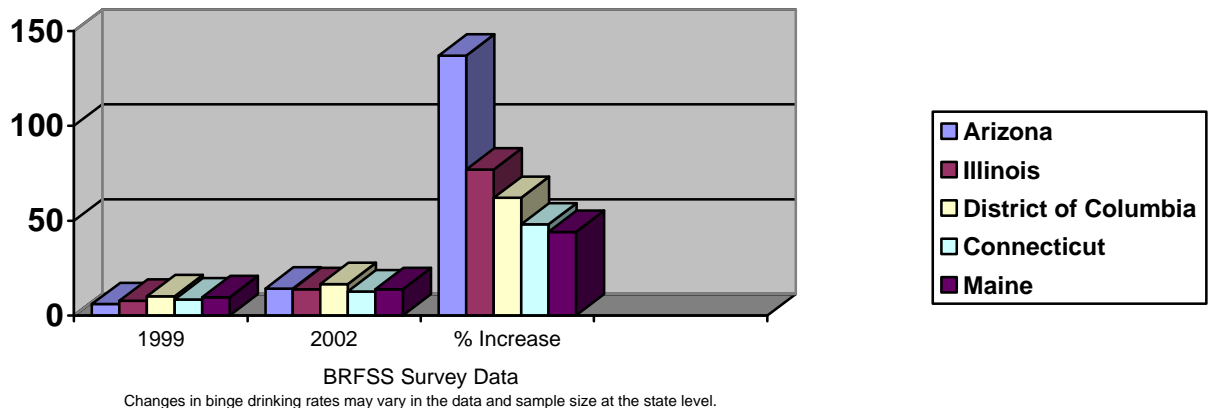
Background

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications (NOFAS, 2004). Although the term FASD is not intended for use as a clinical diagnosis, the term serves as an enabler for the identification, intervention, and prevention of known disorders that are attributable to prenatal alcohol exposure. Despite numerous public health advances, including the placement of the Surgeon General's warning about alcohol and pregnancy on alcoholic beverage containers, new clinical and behavioral research, and the inclusion of alcohol use reduction by pregnant women as a national health objective, alcohol use continues to rise. Binge episodes by women ages 18-44 continue to increase and alcohol continues to be consumed during pregnancy. Reports of frequent drinking during pregnancy doubled from 0.8% in 1991 to 1.6% in 2001 (Floyd and Sidhu, 2004). In 2001, 12.5% of women in the U.S. reported any alcohol use during pregnancy, a rate comparable to 12.4% in 1991.

States with Largest Increases in Binge Drinking

According to the BRFSS data, from 1999 to 2002, estimates for binge drinking among women ages 18-44 have increased dramatically in some states (CDC, 2002). The highest increase in women reporting binge drinking from five states ranged from 18% to 137% (Figure 1).

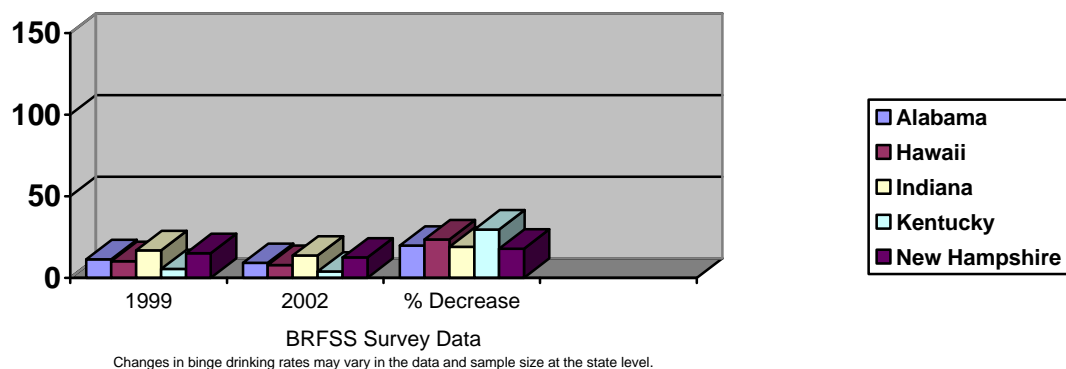
Figure 1. Five States with the Largest Percentage Increase of Reported Binge Drinking for Women Ages 18-44 Years, BRFSS, 1999 and 2002



Additional State Trends in Binge Drinking

Decreases in binge drinking among women of childbearing age for some states ranged only from 30% to 18% (Figure 2), while some states consistently report higher rates. Wisconsin reported the highest rate of binge drinking in 2002 at 20%, which was only slightly down from 22% in 1999. North Dakota (19%), South Dakota (17%) and Montana (18%) similarly had some decreases, but high current and past rates. Of the four states reporting binge drinking of less than 7% in 1999 (Arizona, Kentucky, Mississippi and Tennessee), all but Kentucky showed an increase in 2002 (CDC, 1999, 2001, 2002).

Figure 2. Five States with the Greatest Percentage Decrease in reported Binge Drinking for Women Ages 18-44 Years, BRFSS, 1999 and 2002



Moving Forward

To address this growing public health concern, it is imperative that coordinated surveillance systems are implemented across the country. It is also critical that effective community-based and behavioral research interventions are replicated in communities with reported high estimates of FASD and binge drinking episodes among women ages 18-44 years.

A critical component to the identification and prevention of alcohol-related birth defects is epidemiologic surveillance. Aside from localized and targeted population-based studies, uniform surveillance for FASD does not exist. For some measures, only live births are counted in infant mortality rates. Fetal mortality rates provide a more complete picture of prenatal health than just measuring live births, especially since rates of fetal mortality are 77% higher for women who use alcohol during pregnancy (Hoyert,1996). Another difficulty in measuring rates of FASD lies in the instruments being used. For example, the BRFSS data are self-reported and might be subject to reporting biases, especially among pregnant women who are aware alcohol use is not advised.

Heavy alcohol use before pregnancy is highly predictive of continued use. Because levels of binge drinking among non-pregnant women have not declined, all women of childbearing age should be warned against the adverse effects of alcohol use.

For more information about FASD, go to www.NOFAS.org.

Reported Binge Drinking* in Women 18-44 Years of Age - 1999 and 2002

STATE	2002 (%)	1999 (%)	Absolute Diff (%)	Change '99-'02 (%)
Arizona	14.2	6.0	8.2	136.7
Illinois	13.8	7.8	6.0	76.9
District of Columbia	16.5	10.2	6.3	61.8
Connecticut	12.6	8.5	4.1	48.2
Maine	13.8	9.6	4.2	43.8
West Virginia	9.6	7.1	2.5	35.2
Alaska	15.8	12.0	3.8	31.8
Minnesota	16.9	13.0	3.9	30.0
Florida	12.1	9.4	2.7	28.7
Kansas	12.4	9.7	2.7	27.8
Mississippi	7.9	6.2	1.7	27.4
Iowa	17.0	13.4	3.6	26.9
California	12.1	9.6	2.5	25.8
South Carolina	10.8	8.6	2.2	25.6
Oklahoma	9.6	7.7	1.9	24.7
Pennsylvania	14.4	12.2	2.2	18.0
Wyoming	14.5	12.3	2.2	17.9
Ohio	12.7	10.8	1.9	17.6
Montana	17.7	15.1	2.6	17.2
New York	14.9	12.9	2.0	15.5
South Dakota	17.4	15.1	2.3	15.2
Virginia	12.5	10.9	1.6	14.7
Arkansas	8.7	7.7	1.0	13.0
New Jersey	11.0	9.9	1.1	11.1
Tennessee	5.8	5.3	0.5	9.4
Washington	12.9	11.8	1.1	9.3
North Dakota	18.5	17.0	1.5	8.8
Utah	8.5	7.9	0.6	7.6
Oregon	14.7	13.8	0.9	6.5
Georgia	7.7	7.4	0.3	4.1
Nebraska	13.7	13.4	0.3	2.2
Missouri	13.7	13.5	0.2	1.5
Michigan	14.6	14.4	0.2	1.4
Rhode Island	13.6	13.6	0.0	0.0
Nevada	16.9	17.2	-0.3	-1.7
New Mexico	10.2	10.4	-0.2	-1.9
Delaware	12.3	12.6	-0.3	-2.4
Massachusetts	14.5	14.9	-0.4	-2.7
Louisiana	10.0	10.3	-0.3	-2.9
Idaho	10.9	11.3	-0.4	-3.5
North Carolina	7.7	8.1	-0.4	-4.9
Texas	11.4	12.0	-0.6	-5.0
Maryland	10.6	11.6	-1.0	-8.6
Wisconsin	20.2	22.4	-2.2	-9.8
Colorado	13.3	15.8	-2.5	-15.8
Vermont	11.8	14.1	-2.3	-16.3
New Hampshire	12.4	15.1	-2.7	-17.9
Indiana	13.6	16.8	-3.2	-19.0
Alabama	9.1	11.3	-2.2	-19.7
Hawaii	7.8	10.2	-2.4	-23.5
Kentucky	3.8	5.4	-1.6	-29.6

US **12.9** **11.4** **1.5** **13.2**

* NOTE: Changes in binge drinking may be difficult to assess due to variations in the data and sample size at the state level.

"Binge drinking" is defined as 5 or more drinks on any one day.

SOURCE: Behavioral Risk Factor Surveillance System Survey (BRFSSS), CDC.

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